

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE	<b>FOR</b>	<b>OFFICE</b>	USE	ONLY
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NOTE: This is a public document.

\*13 FEB -4 P1:00

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly) STATE OF HAWAH					
	STATE ETHICS COMMISSION				
(First)	(Middle)	TELEPHONE			
W.	Bruce	(808) 548-4811			
		FAX (808) 548-2980			
680 Iwilei Road Suite 510		EMAIL			
(State)		(Zip Code)			
Hawai'i	96817-5389				
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)		TELEPHONE			
	i de a se	FAX			
		EMAIL			
(State)	(Zip Code)				
	(First) W. te 510 (State) Hawai'i	(First) (Middle)  W. Bruce  te 510  (State)  Hawai'i  hly if you are employed by a business entity which has been retained to lobby)			

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LO	TELEPHONE (808) 548-4811		
Castle & Cooke Homes Hawaii, Inc.			
MAILING ADDRESS (Street) 680 Iwilei Road Suite 510		FAX (808) 548-2980	
		EMAIL	
(City)	(State)	(Zip Code)	
Honolulu	Hawai'i	96817-5389	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Harry A. Saunders III		(808) 548-4811	
MAILING ADDRESS (Street)		FAX (808) 548-2980	
680 Iwilei Road Suite	510	EMAIL	
(City)	(State)	(Zip Code)	
Honolulu	Hawai'i	96817-5389	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	<ul><li>Intergovernmental Relations, International Affairs</li></ul>	☐ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
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PART IV CERTIFICATION	ON OF LOBBYIST		-		
I hereby certify that th	ne information furnished abov	e is, to the best of my knowle	dge, correct and complete.		
		•			
	evel-		January 2, 2013		
	(Signature of Lobbyist)		(Date)		
PART V AUTHORIZAT	ION TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Harry A. Saunders	President				
NAME OF ORGANIZATION (if applicable)		TELEPHONE			
			(808) 548-4811		
MAILING ADDRESS (Street)		FAX (808) 548-2980			
680 Iwilei Road Suite 510		EMAIL			
ood millor reduce o					
(City)	(State)		(Zip Code)		
Honolulu	Hawai'i		96817-5389		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
21	•	, , ,			
			January 7, 2013		

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(Date)

(Signature of Authorizing Officer or Person Represented)